

09/28/01

Please type a plus sign (+) inside box +

10-91-91 A

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>IND-54</b>									
First Inventor: Jeffrey S. Swayze et al. Title: IMPROVED CONNECTOR INCORPORATING A CONTACT PAD SURFACE ON A PLANE PARALLEL TO A LONGITUDINAL AXIS I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail - Post Office to Addressee in an envelope addressed to: Assistant Commissioner for Patents, Box-Patent Application, Washington, DC 20231. Name: <u>Patricia A. Jara</u> Date: September 28, 2001 Patricia A. Jara											
		Express Mail Label No. <b>ET06846526US</b>									
<b>APPLICATION ELEMENTS</b> See MPEP Chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> Commissioner for Patents Box Patent Application Washington, DC 20231									
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)  <i>(submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages: 22  <i>(Preferred arrangement set forth below)</i></p> <p><input checked="" type="checkbox"/> Descriptive Title of the Invention</p> <p><input checked="" type="checkbox"/> Cross Reference to Related Applications</p> <ul style="list-style-type: none"> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> </ul> <p><input checked="" type="checkbox"/> Background of the Invention</p> <p><input checked="" type="checkbox"/> Brief Summary of the Invention</p> <p><input checked="" type="checkbox"/> Brief Description of the Drawings <i>(if filed)</i></p> <p><input checked="" type="checkbox"/> Detailed Description</p> <p><input checked="" type="checkbox"/> Claim(s)</p> <p><input checked="" type="checkbox"/> Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) Total Sheets 12</p> <p>5. Oath or Declaration [Total Pages 3]  a. <input checked="" type="checkbox"/> UNEXECUTED COPY  b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <i>(for continuation/divisional with Box 18 completed)</i>  i. <input type="checkbox"/> <b><u>DELETION OF INVENTOR(S)</u></b>  Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>18. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:  <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.:  Prior application information:  For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> <p>19. CORRESPONDENCE ADDRESS  <input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>000027777</b> or <input type="checkbox"/> Correspondence Address below</p> <p>Name: Philip S. Johnson, Esq.  Address: Johnson &amp; Johnson  One Johnson &amp; Johnson Plaza  New Brunswick, NJ 08933-7003 USA</p> <p>20. TELEPHONE CONTACT Bernard E. Shay  Please direct all telephone calls or telefaxes to:  Telephone: (513) 337-3231 Fax: (513) 337-8489</p> <p>21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">NAME</td> <td style="width: 33%;">Bernard E. Shay</td> <td style="width: 34%;">Reg. No. 32,061</td> </tr> <tr> <td>SIGNATURE</td> <td colspan="2"><u>B.E.Shay</u></td> </tr> <tr> <td>DATE</td> <td colspan="2">September 28, 2001</td> </tr> </table>			NAME	Bernard E. Shay	Reg. No. 32,061	SIGNATURE	<u>B.E.Shay</u>		DATE	September 28, 2001	
NAME	Bernard E. Shay	Reg. No. 32,061									
SIGNATURE	<u>B.E.Shay</u>										
DATE	September 28, 2001										

**FEE TRANSMITTAL**

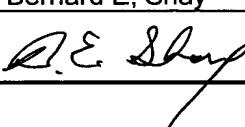
Complete if Known	
Application Number	
Filing Date	September 28, 2001
First Named Inventor	James W. Voegele
Group Art Unit	
Examiner Name	
Attorney Docket Number	IND-54

**FEE CALCULATION****CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	22 - 20 =	0	x 18.00	\$ 36.00
INDEPENDENT CLAIMS	4 - 3 =	0	x 80.00	\$ 80.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$ 826.00

**METHOD OF PAYMENT**

- Please charge Deposit Account No. 10-0750/IND-54/BES in the amount of \$826.00.  
Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/IND-54/BES. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		Complete (if applicable)
Typed or Printed Name	Bernard E. Shay	Reg. No. 32,061
Signature		Date: 9/28/01 <b>Deposit Account No. 10-0750</b>